

<i>SERFF Tracking Number:</i>	<i>PHYS-126572904</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>45361</i>
<i>Company Tracking Number:</i>	<i>PMA3312</i>		
<i>TOI:</i>	<i>MS09 Medicare Supplement - Other 2010</i>	<i>Sub-TOI:</i>	<i>MS09.000 Medicare Supplement Other 2010</i>
<i>Product Name:</i>	<i>Med Sup</i>		
<i>Project Name/Number:</i>	<i>PMA3312/PMA3312</i>		

Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: Med Sup

SERFF Tr Num: PHYS-126572904 State: Arkansas

TOI: MS09 Medicare Supplement - Other 2010

SERFF Status: Closed-Filed

State Tr Num: 45361

Sub-TOI: MS09.000 Medicare Supplement
Other 2010

Co Tr Num: PMA3312

State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Authors: Sonya Dickey, Sara
Magee-Garcia

Disposition Date: 04/09/2010

Date Submitted: 04/06/2010

Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: PMA3312

Status of Filing in Domicile: Pending

Project Number: PMA3312

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/09/2010

Explanation for Other Group Market Type:

State Status Changed: 04/09/2010

Deemer Date:

Created By: Sonya Dickey

Submitted By: Sonya Dickey

Corresponding Filing Tracking Number:

Filing Description:

RE: Medicare Supplement Insurance Advertisement

Institutional Presentation: PMA3312

Attached are copies of the above referenced presentation for your review and approval. This presentation will be used by licensed agents in your state to create an interest in the following Policies/Rider:

Policies/Rider Medicare Supplement Plans Approval Dates

P020AR A 8-12-09

P025AR F 8-12-09

P026AR G 8-12-09

SERFF Tracking Number: PHYS-126572904 State: Arkansas
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P027AR High Ded F 8-12-09

High Deductible Premium Discount Rider B345 8-12-09

The amounts and dates are variable and have been indicated with brackets.

If you have any questions concerning material, please contact me at 1-800-228-9100, option 1, option 6, extension 1663 or 402-633-1663. You may also contact me via email at Sonya.Dickey@physiciansmutual.com. Your assistance in getting the material approved for use in your State is greatly appreciated.

Company and Contact

Filing Contact Information

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Omaha, NE 68131 402-633-1096 [FAX]

Filing Company Information

Physicians Mutual Insurance Company CoCode: 80578 State of Domicile: Nebraska
2600 Dodge Street Group Code: 367 Company Type:
Omaha, NE 68131 Group Name: State ID Number:
(402) 633-1188 ext. [Phone] FEIN Number: 47-0270450

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$50.00	04/06/2010	35421947

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	04/09/2010	04/09/2010

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Disposition

Disposition Date: 04/09/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Form	PMA3312	Filed	Yes

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TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
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Form Schedule

Lead Form Number: PMA3312

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 04/09/2010	PMA3312	Advertising	PMA3312	Initial			PMA3312.pdf

How can Medicare and Medicare Supplement Insurance work for you?

Medicare Rights, Options and Entitlements



Physicians Mutual Insurance Company®



Speaker notes:

Today, I want to review Medicare with you to help you understand what it is and how it can help pay your medical bills. We'll also talk about Medicare Supplement insurance and how it works with Medicare to reduce how much you spend out of your own pocket.

What we'll talk about today ...

- ☑ Defining Medicare and its Parts
- ☑ Why Medicare may not be enough
- ☑ How Medicare Supplement insurance can work for you
- ☑ Your next steps to helping protect against medical bills

Speaker notes:
Discuss agenda as listed on slide.

What is Medicare?

Medicare is a Federal health insurance program for seniors and other individuals with certain medical conditions and disabilities.

It's often confused with Medicaid, a Federal-State health insurance program for people with limited resources.

Speaker notes:

Medicare is a health insurance program for people ages 65 and over. It is also available to people under age 65 who meet certain medical requirements, such as having a disability or permanent kidney failure that requires dialysis or transplant.

Since Medicare is Federally run, eligibility guidelines and services are normally the same throughout the country.

Medicare is also often confused with the Medicaid program, probably because their names sound so similar. Medicaid is a joint Federal and State health insurance program. It is only available to people with very limited resources. In fact, a person must meet certain income requirements before they can qualify for Medicaid.

The Medicaid programs vary from state to state, but each are subject to Federal rules and regulations.

The basics of Medicare ...

It was created to help pay medical bills:

- Started in 1965 and run by CMS
- Mostly for seniors and other individuals
- Medicare Modernization Act of 2003

For more information, refer to:

- Medicare & You
- Choosing a Medigap Policy

Speaker notes:

Medicare was enacted in 1965 and is administered through CMS. CMS stands for Centers for Medicare & Medicaid Services, which is part of the U.S. Department of Health and Human Services.

Although it is mainly intended for individuals ages 65 and over, people under age 65 can also qualify for it, as long as they meet certain requirements, such as having a disability or End-Stage Renal Disease, which is permanent kidney failure that requires dialysis or transplant.

In order to keep up with people's current needs, the Medicare Modernization Act was passed in 2003 to make several improvements to the Medicare program. The main changes that came about because of the act were switching the name of Medicare+Choice plans to Medicare Advantage plans and adding more Medicare benefits, such as prescription drug coverage, a physical exam for new enrollees, and diabetes and heart screenings.

There are several resources for you if you want more in-depth information about Medicare. I usually refer to the "Medicare & You" and "Choosing a Medigap Policy" booklets, which are both issued by the government. Everyone who is getting ready to go on Medicare will receive a copy of the "Medicare & You" booklet. The booklet "Choosing a Medigap Policy" is also very helpful in explaining what Medicare does and does not cover, and it also gives unbiased information about Medigap (or Medicare Supplement) insurance.

What are the different Parts of Medicare?

Part A – Hospital insurance

Part B – Medical insurance

Part C – Medicare Advantage plans

Part D – Prescription drug coverage



Speaker notes:

Medicare pays for many health care services and supplies, but it doesn't pay all of your health care expenses. There are costs that you must pay, such as coinsurance, co-payments and deductibles. Let's take a look at each part of Medicare and what it will pay. It is important to remember these amounts can change each year.

Part A is hospital insurance. It provides benefits for inpatient hospital care, skilled nursing care, hospice care and medically necessary home health care. It is important to note custodial or extended care is not included in Part A coverage. Most people do not pay a premium for Part A benefits.

Part B is medical insurance, which provides additional coverage than just Part A alone. You can use it to help cover doctors' services, outpatient care, medical equipment, some types of therapy and home health care. Part B also covers some preventive services to help you maintain your health and to keep certain illnesses from getting worse. Enrollment in Part B is optional and there is a premium you'll have to pay that is based on your income.

Most people have either Original Part A or Parts A and B combined.

Another alternative is Part C, which is health coverage run by private companies. The coverage is normally referred to as a Medicare Advantage (or MA) plan. The most common types are HMOs and PPOs. This is optional coverage that includes Parts A and B services and may provide other benefits, including prescription drug coverage. MA plans can vary from company to company, so the costs for items and services may not be the same. Because it replaces your Parts A and B coverage, it also has a premium. If you're considering an MA plan, make sure to ask about potential out-of-pocket costs and network restrictions.

Part D is prescription drug coverage that helps pay for some of your prescription drug costs. Enrollment for Part D benefits is voluntary and doesn't have any health qualifications. It's simply an enrollment for Medicare-eligible individuals. It is offered by companies that have been approved by Medicare and multiple plans are available. Keep in mind, though, benefits and premiums vary by company. It is also important for you to know there is a penalty for those who delay enrollment. They pay a higher premium of 1% per month delayed enrollment. The open enrollment period for Part D lasts six months. It goes for three months before the month you become eligible for Part B through two months after the first month of eligibility. The annual election period is November 15 through December 31 for a January 1 effective date. You can learn more about your Part D options at www.medicare.gov.

Part A - Hospital Inpatient Benefits

You have a benefit period deductible of **[\$1,100]**. After it's paid ...

Length of Stay	Medicare Pays	You Pay
[Days 1 - 60]	[100%]	[\$0]
[Days 61 - 90]	[All but \$275.00] per day	[\$275.00] per day
[Days 91 - 150] (lifetime reserve)	[All but \$550.00] per day	[\$550.00] per day
[After 151 days]	[\$0]	[Full amount]

* The deductible is per benefit period, not calendar year. So, you could end up paying **[\$1,100]** several times a year.

Speaker notes:

In [2010], your deductible will be [\$1,100]. It is important to remember your deductible is not a calendar year deductible, but a benefit period deductible. That means it is possible you could pay the [\$1,100] several times a year.

After you pay that amount, Medicare will pay [100%] for the first [60] days; all but [\$275] for the [61st] through [90th] days; all but [\$550] for the [91st] through [150th] days; and [nothing] for the [151st] day and beyond. Remember, you'll have to pay the amounts not covered by Medicare out of your own pocket.

Keep in mind, the [91st] through [150th] days are also known as the lifetime reserve, which means those [60] days can only be used once in your lifetime.

Part A – Skilled Nursing Facility Care

Must meet Medicare's requirements

- Hospital stay of at least three days
- Enter a skilled facility generally within 30 days after leaving hospital
- Show signs of improvement

Length of Stay	Medicare Pays	You Pay
Days 1 - 20	[100%]	[\$0]
Days 21 - 100	[All but \$137.50] per day	[\$137.50] per day
After 100 days	[\$0]	Full amount

Speaker notes:

Do you know someone who needed rehab after a hospital stay? That would be an example of skilled nursing. Skilled care is treatment you receive from medical personnel like registered nurses or professional therapists. It is usually provided 24 hours a day, typically in a nursing home (however, you can receive it in other places). Skilled care is more involved than custodial care, which is help you receive with the activities of daily living (things like bathing, eating, toileting, dressing, etc.).

If you need care in a skilled nursing facility, you must meet Medicare's requirements for it to pay any part of the care. That means you'll need to be confined in a hospital for at least three days and you'll need to enter a skilled facility and receive skilled care generally within [30] days after leaving the hospital. You'll also need to show you are getting better.

After you meet these requirements, Medicare pays [100%] for the [1st] through [20th] days – so you pay [nothing].

For the [21st] through [100th] days, Medicare will pay everything except [\$137.50] a day – you'll have to pay that out of your own pocket.

After [100] days, Medicare doesn't pay any benefits and you must pay the full amount on your own.

Part A – Additional Benefits

Blood

- Benefits after the first 3 pints

Home health care

- Benefits for medically-necessary skilled care and medical supplies

Hospice

- Benefits for inpatient respite care and related outpatient drugs

Speaker notes:

In addition to coverage for hospitals, Medicare Part A also pays for blood, home health care and hospice care.

For blood related to a hospital stay, Medicare will pay [100%] of the costs after you pay for the first three pints.

Your home health care benefit will cover [100%] of medically-necessary skilled nursing care services, as well as [80%] of the Medicare-approved amount for durable medical equipment.

In order to receive hospice benefits, you need to be certified as terminally ill by your doctor and have less than six months to live. Medicare will then pay [95%] of your approved expenses for inpatient respite care. That means you have a co-payment of [5%] for respite care as well as a co-payment of up to [\$5] for outpatient prescription drugs.

Part B – Medical Benefits

- “Welcome to Medicare” physical exam
- Preventive services
- Inpatient and outpatient doctor services
- Surgical services and supplies
- Speech and physical therapy
- Diagnostic tests
- Durable medical equipment
- Ambulance services

Speaker notes:

As we saw earlier, Part B covers medical costs and is an optional enrollment. It can pay for the “Welcome to Medicare” physical exam and preventive services, like screenings for health conditions and vaccinations.

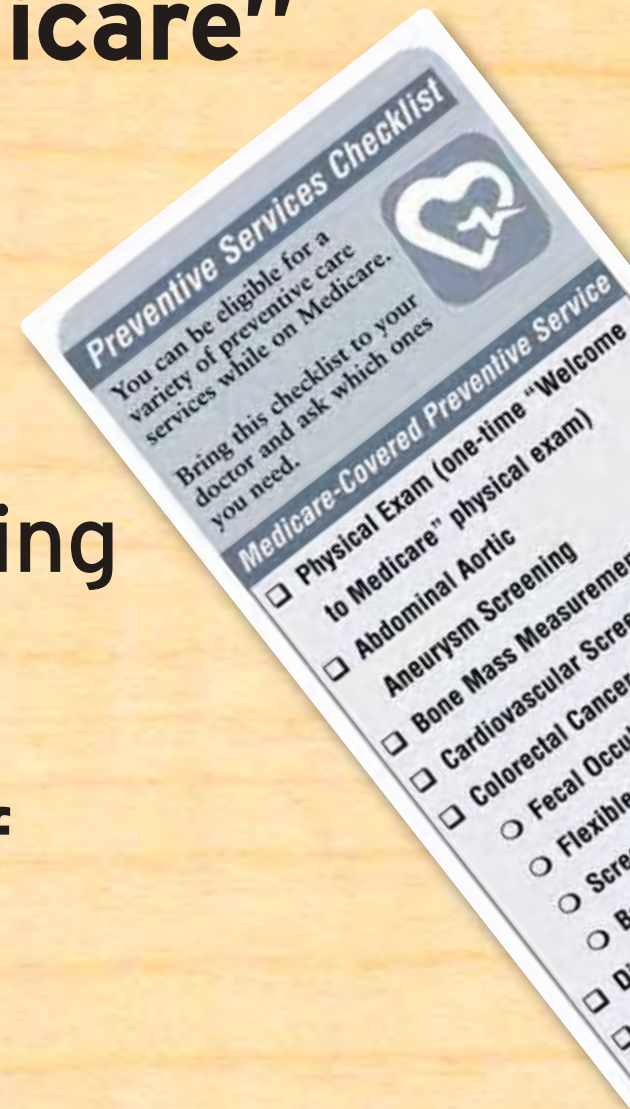
It will also pay for approved inpatient and outpatient doctor services, surgical services and supplies, speech and physical therapy, diagnostic tests, durable medical equipment and ambulance services.

Part B – “Welcome to Medicare” physical exam

One-time review of your health

Receive education and counseling
about preventive services

Go within the first 12 months of
Part B coverage



Speaker notes:

Medicare Part B pays for your "Welcome to Medicare" physical exam.

This is a one-time review of your health, and education and counseling about preventive services, including certain screenings, shots, and referrals for other care if needed.

Now, because I want to make sure you get all your rights and entitlements, there are a few things you should know about the welcome exam.

You need to get it within [the first 12 months] you have Part B in order for Medicare to cover the exam. You pay [20%] of the Medicare-approved amount, and the Part B deductible no longer applies.

A good way to keep track of the services you may need is to go through this checklist from the "Medicare & You" booklet.



Part B – Details

[\$155 annual deductible for 2010]

* Be sure to ask your doctor about assignments.

After you meet the deductible, Medicare pays:

- 80% of eligible covered charges
- 100% of Medicare-covered clinical laboratory services (blood tests for diagnostic services)
- Varying amounts for covered preventive services
- Nothing for any charges in excess of the Medicare-approved amount

Speaker notes:

Remember, for Part B you will normally pay a monthly premium. On top of the premium, you'll also pay an annual deductible of [\$155]. The government uses a formula based on Part B spending to determine the deductible.

After you've met the deductible, Medicare pays [80%] of eligible covered charges and [100%] of Medicare-covered lab services, which covers things like blood tests for diagnostic services.

You can also receive varying amounts for covered preventive services.

It is important to remember Part B does not pay any money for charges in excess of the Medicare-approved amount. Make sure you ask your doctors if they take assignment.

Part B – Premiums

Deducted from Social Security check

Premium is indexed to beneficiaries' earnings

Individual Annual Income	[\$0 to \$85,000]	[\$85,001 to \$107,000]	[\$107,001 to \$160,000]	[\$160,001 to \$214,000]	[more than \$214,000]
Joint Annual Income	[\$0 to \$170,000]	[\$170,001 to \$214,000]	[\$214,001 to \$320,000]	[\$320,001 to \$428,000]	[more than \$428,000]
Premium	[\$110.50]	[\$154.70]	[\$221.00]	[\$287.30]	[\$353.60]

Amounts shown are for the 2010 calendar year and are subject to change each year. A different premium rate chart is available for those who filed a separate return from their spouse and lived with their spouse at some time during the taxable year. Other guidelines may apply.

Speaker notes:

The Part B premium is deducted from your Social Security check and based on your income.

The chart shows [2010] monthly Part B premium rates for people who file an individual tax return, like those who are single, head of the household, widowed with dependent child or married but filing separately (the filing separately applies to people who have lived apart from their spouse for the entire taxable year). The chart also shows the premiums for people who file a joint tax return.

It is important to note there is another premium rate chart for people who are married and have lived with their spouse at some time during the taxable year, but file a separate tax return from their spouse.

Part C – Medicare Advantage (MA) Plans

Once enrolled, you are removed from Original Medicare (Parts A and B)

Private health care, not supplemental insurance

Normally come with network restrictions

Optionally renewable every year

Your out-of-pocket costs can change over time

You cannot purchase Medicare Supplement insurance to cover extra costs

Speaker notes:

Part C is known as Medicare Advantage (or MA) plans and replaces Parts A and B. It is offered by private companies who are paid by the government to offer the plans with money that would have been used to pay your Original Medicare Parts A and B benefits. So what are MA plans?

MA plans are normally managed health care. You've probably heard them referred to as HMOs and PPOs. What this means to you is you are typically required to use a doctor or provider that is in a network. If you use a provider out of the network there can be additional charges or the services may not be covered. This aspect is important if you travel frequently or are a snowbird.

The plans are not standardized and can vary from company to company, so you must look at each plan's features and benefits, not just the premiums.

Generally the plans utilize co-payments rather than deductibles for cost sharing.

When you purchase an MA plan, you can't purchase a Medicare Supplement insurance policy to help reduce your out-of-pocket expenses. So, you need to consider how you will cover the co-payments for MA plans.

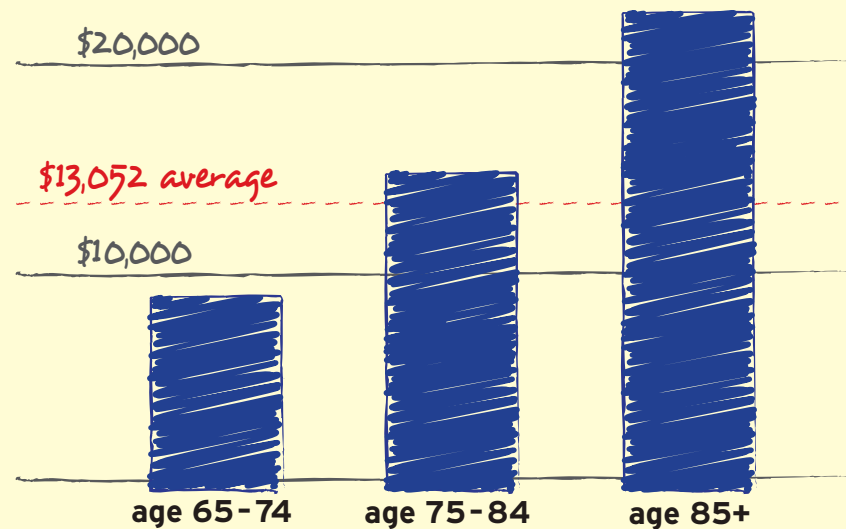
MA plans are also optionally renewable by the company, which means every year the companies have the ability to tell the Federal government if they want to make benefit plan changes and/or renew their plan coverage for the upcoming year. So if you have a MA plan, your benefits could change or the coverage could be canceled altogether.

If you're considering an MA plan, make sure to ask about potential out-of-pocket costs and network restrictions.

To learn more about MA plans and the ones available in your area, you can visit www.medicare.gov.

Medicare alone may not be enough ...

Average Annual Health Care Costs
Medicare Enrollee Age 65+



Costs include medical and long-term care services as well as prescription drugs.



Speaker notes:

As good as Medicare is, it was never intended to pay all your medical costs.

Today, just a little over 50% of health care costs for seniors are actually paid by Medicare, and the average Medicare recipient, age 65 and over, has more than \$13,000 in health care costs each year.¹ That's where Medicare Supplement insurance comes in. This coverage helps pay Medicare-approved services that are not fully covered by Medicare.

This chart shows the average annual health care costs of Medicare participants. As you can see, average health care costs tend to increase as people age. That's because as people get older, they are more likely to need health care services and the types of services they use get more expensive each year.

1 "Medicare Current Beneficiary Survey," Centers for Medicare and Medicaid Services, 2004 (released in March 2008)

A solution to help pay the bills – Medicare Supplement insurance

Covers “gaps” in Medicare

Pays in addition to Medicare benefits

Gives you the freedom of choice

Can be renewed year after year

Offered in a variety of coverage options

Speaker notes:

A Medigap policy (or Medicare Supplement insurance) is used to provide more comprehensive coverage than just Medicare alone. Remember, Medicare has co-payments, coinsurance and deductibles that you must pay out of your own pocket. Medicare Supplement insurance can provide benefits to help pay for these services so you don't have as many out-of-pocket costs ... basically it helps save you money.

There are certain features that all Medicare Supplement insurance policies have – no matter what insurance company is selling them. That is because they are standardized by the Federal government. For example, all Medicare Supplement insurance policies give you the ability to choose your own doctors, so you aren't limited to a network and are allowed to go to the place you are most comfortable. You also don't need a referral to see a specialist.

In addition, all Medicare Supplement insurance policies are guaranteed renewable – meaning the insurance company will renew your coverage year after year, as long as premiums are paid on time or there is no material misrepresentation. The insurance company also takes care of filing your Medicare Supplement claims, so you have little or no paperwork.

Plus, there are a variety of coverage options available to you. And, some companies offer discounts or innovative benefits.

Now, because Medicare Supplement insurance policies' benefits don't vary from company to company, what you'll notice a difference in is basically the price and quality of customer service. There are multiple ways to determine your Medicare Supplement premium, and some companies give you the choice of which one you want.

For example, you can choose between attained age premiums (which offer you a lower initial premium with rates that automatically increase each year as you get older) or issue age premiums (which are based on your age when you buy the policy and never increase due to changes in your age). Some states also offer a community rated premium, where the same rate increase is charged to everyone, regardless of age. Premiums may increase due to inflation.

No matter which pricing option you choose, you will never be singled out for a rate increase (even if your health gets worse). The only way your rates can change is if the same change is made on all insurance policies of the same form and class in the state where you live.

Medicare Supplement insurance is available three ways ...

- 1 During your open enrollment period – you cannot be turned down
- 2 With your 7 guaranteed issue rights
- 3 By going through a qualification process

Speaker notes:

Essentially, Medicare Supplement insurance is available to you in three ways.

The first (and easiest) way is to apply during your open enrollment period. This is when your acceptance is guaranteed and you cannot be turned down for coverage even if you have pre-existing health conditions (old health problems).

However, if you are no longer in your open enrollment period, there are several situations where you still have a guaranteed right to buy a Medicare Supplement insurance policy. These are called your "guaranteed issue rights," where companies are required to sell you a Medicare Supplement insurance policy even if you have pre-existing health conditions (and they can't charge you more because of your health problems) if you are in a certain situation.

If you aren't eligible for either of the first two options, the last way you can buy a Medicare Supplement insurance policy is by going through a qualification process (like underwriting).

Earlier we talked about ...

- ✓ Medicare is good but it may not be enough
- ✓ Medicare Supplement insurance is a solution to help pay your medical bills and reduce out-of-pocket expenses



Speaker notes:

Summarize what has been talked about and what is important to the client. Talking suggestions include:

Remember, as good as Medicare is, it was never intended to pay all your medical bills. That could leave you with thousands of dollars of unpaid health care costs that you have to pay out of your own pocket.

That's where Medicare Supplement insurance can help. It works to help fill the gaps in Medicare and provide more complete insurance coverage.

Physicians Mutual Insurance Company is not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

Arizona: Issue age premiums are the only option available in your state.

Colorado: This coverage is available for people under age 65.

Missouri: This coverage is available to those under age 65 eligible for Medicare due to a disability.

North Carolina: Premiums can change if all policies of the same form and class in your state are changed. Premiums based on attained age will also change each year on or after your birthday.

Insurance Policy Limitations: We will not pay for confinement that begins, or expenses incurred while your policy is not in force, nor services of the type not covered by Medicare, unless specifically provided by the policy.

South Carolina/Tennessee Insurance Policy Limitations: We will not pay for (a) confinement that begins or expenses incurred while your policy is not in force; subject to the Extension of Benefits provision. (b) services of the type not covered by Medicare, unless specifically provided by the policy.

For costs and further details of this coverage, ask your agent/producer and review the accompanying outline of coverage.

Policy Form Numbers: P020, P025, P026, P027

North Carolina: P020NK, P025NK, P026NK, P027NK

Tennessee: P020TN, P025TN, P026TN, P027TN

Information from:

"Medicare & You, 2010," Centers for Medicare & Medicaid Services, 2010

"Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare," Centers for Medicare & Medicaid Services (CMS) and the National Association of Insurance Commissioners (NAIC), 2009



